
**ORAL ENDOTRACHEAL INTUBATION - PEDIATRIC
(Birth through 14 Years)**

FIELD ASSESSMENT/TREATMENT INDICATORS

Non-responsive and apneic

Agonal or failing respirations, no gag reflex

Procedure may be initially contraindicated with suspected ALOC per Protocol Reference #7007 Pediatric Altered Level of Consciousness

PROCEDURE

1. Support ventilations with appropriate basic airway adjuncts. Use in-line cervical stabilization as needed for suspected head or neck injury
2. Immediately prior to intubation consider prophylactic Lidocaine 1.5mg/kg IVP for suspected head/brain injury
3. Select stylet with appropriate tube size (uncuffed tubes should be used on patients less than eight years of age), position the patient appropriately for age and pre-oxygenate
 - a. Visualize the vocal cords with the laryngoscope, watch as tube passes through the vocal cords then advance tube until vocal cord marker is situated beyond vocal cords. Placement efforts must stop after twenty (20) seconds for ventilation.
 - b. Listen for breath sounds, resume ventilation with 100% oxygen and secure the airway. Place all patients under the age of 8 years in full axial-spinal stabilization.
 - c. Monitor end-tidal CO₂ and/or pulse oximetry during procedure
 - d. Document verification of tube placement.
4. After two (2) intubation attempts, Base Hospital contact is required (an attempt is made when the tube passes the gum line).
5. If unable to adequately ventilate patient via BVM, consider Needle Cricothyrotomy per Protocol Reference #4030 if patient is at least 2 years of age.

DOCUMENTATION

Upon arrival at the receiving hospital, the Advanced Skills Evaluation Form on the back of the yellow copy of the OIA Form or electronic equivalent must be filled out and signed by receiving physician. This form must then be forwarded to ICEMA within one week by either the PLN at the receiving facility if it is a Base Hospital or by the EMT-P's Agency EMS/QI Coordinator.

In the event the receiving physician discovers the ET is not placed in the trachea, an Incident Report must be completed and forwarded to ICEMA within one week by the EMS/QI Coordinator/PLN.